

**ORAL HEALTH ADVISORY COMMITTEE
MAY 7, 2002
MINUTES**

COMMITTEE MEMBERS PRESENT

Cathy Lytle, RDH, Project Manager Miles for Smiles
Shari Peterson, RDH, M.Ed, College and Community College System of Nevada, Nevada Dental Hygienists' Association
Dr. Patricia Craddock, Nevada Dental Association
Shannon Coday, Community Ombudsman, Nevada State Division of Aging
Maureen Fanning, Public Health Nurse Supervisor, Clark County Health Department
Mike Johnson, Manager, Saint Mary's Outreach Programs
Patricia Durbin, Deputy Director, Great Basin Primary Care Association (GBPCA)
Pastor Anthony Steele, Bethel AME Church
Michelle Kling, Division Director, Washoe County District Health Department (WCDHD)
Tim Elam, Educare

COMMITTEE MEMBERS ABSENT

Ruth Eisenhower, Washoe Tribal Head Start

NEVADA STATE HEALTH DIVISION STAFF PRESENT

Dr. Robert Cooley, Nevada State Dental Health Officer
Judy Wright, Chief, Bureau of Family Health Services (BFHS)
Chris Forsch, Oral Health Consultant, BFHS
Tami Terstegee, Administrative Assistant, BFHS
Rebecca Wilson, Administrative Assistant, BFHS

OTHERS PRESENT

Dr. Susan Silverton, Assistant Dean of Academic Affairs, University of Las Vegas School of Dentistry
Dr. Tyree Davis, Miles for Smiles
Susan Brooks, Classroom and Clinic on Wheels (COW Bus)
Elaine Fisher, Program Officer, Western Interstate Commission Higher Education (WICHE)
Pam Becker, The Children's Cabinet
Marti Cote RN, Medicaid Dental Program
Mike Rodolico, Executive Director, Health Access Washoe County (HAWC)
Ron Sparks, Executive Director, WICHE
Mary Ann Brown, Executive Director, The Children's Cabinet

CALL TO ORDER AND INTRODUCTIONS

Dr. Robert Cooley called the Oral Health Advisory Committee (OHAC) meeting to order at **10:05 a.m.** at Community Connections, Tahoe Room, 3987 McCarran Boulevard, Reno, Nevada. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law, this meeting was posted at the following locations: Elko Nursing Office, Elko; Clark County Health District, Las Vegas; Washoe County District Health Department (WCDHD), Reno; Kinkead Building, Carson City; Nevada State Library and Archives, Carson City; and Community Connections, Reno.

Dr. Cooley performed a roll call of the OHAC members. In addition, he had each of them give a brief statement of their position and affiliation. Chris Forsch gave a brief introduction of members not yet present. The members of the public also introduced themselves and their affiliation.

CHARGE TO THE COMMITTEE

Dr. Cooley referred to the manual “An Oral Health Plan for Nevada: A Strategic Meeting of Oral Health Stakeholders, January 24, 2002” when stating the task of the Committee is outlined within the manual. The task of the Committee is to assist and advise the Health Division in implementing the plan. The committee was asked for ideas to implement the plan and form partnerships.

One particular area in which the committee can assist is in the area of surveillance. At a recent Centers of Disease Control and Prevention (CDC) Oral Health Grantees meeting in Atlanta, much emphasis was placed on surveillance of oral health. The last open mouth surveillance of the status of Nevada’s children’s oral health was in 1992. Dr. Patricia Craddock questioned whether there was any new studies performed for the opening of the University of Las Vegas (UNLV) Dental School. It was clarified the information came from sources such as Medicaid data, but no “open mouth” surveys were done. In discussing areas of need, Dr. Cooley indicated it is generally acknowledged the status of being below poverty level usually equates to greater oral health disease. The recent Census will be beneficial in targeting such areas of need.

Data is a requirement to demonstrate a need for funding. The biggest need of any program is funding. Educational programs are intended to provide education to facilitate prevention of oral health problems starting in infancy. Many oral health problems are of infectious nature and are completely preventable. It was noted there would be a ballot question regarding water fluoridation on Washoe County’s fall ballot. It was noted the benefits of fluoridated water would be seen several years after implementation. Shannon Coday pointed out emphasis needs to be placed on other areas of need, not just infants. Dr. Cooley agreed other groups, such as the disabled, elderly and even policy makers, need education, as oral health is a global problem. He referred back to the vision statement, “The Vision of Nevada’s Oral Health Program is That All Nevadans Achieve Optimal Oral Health”.

UPDATE AND COMMITTEE DISCUSSION OF ORAL HEALTH PROGRAM

Ms. Forsch presented a Power Point presentation of a broad overview of the State Oral Health Program. Handouts of the presentation were made available to those present. Discussed in this presentation were program components of assessment, policy development and assurance. Assessment is related to the existing state of Nevadans’ oral health. Policy development is determining where to go from here, likened to a treatment plan. Assurance is the implementation of the program. Funding was discussed.

Also discussed was The Early Childhood Caries (ECC) curriculum, Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) program, fluoridation, oral health education and awareness, recent legislation, and the grant from the CDC. Also outlined were the activities taking place in the oral health realm that is not from the State Health Division (SHD). Citizens for Healthy Smiles is pursuing fluoridation in Washoe County. Health Access Washoe County (HAWC) status was given, St. Mary’s Take Care-A-Van was outlined, and the Northern Nevada Dental Health Program was discussed. Southern Nevada activities include the Miles for Smiles program, the Huntridge Teen Clinic, Donated Dental Services, St. Rose Dominican Positive Impact Program, the University of Las Vegas School of Dentistry and Crack Down on Cancer. WICHE is also an important stakeholder in meeting the oral health needs of Nevada’s population.

Future activities will be where the input from the committee will be needed. There appears to be a real need for education of staff in long-term care facilities on oral health needs and recognition. The minimum diagnostic screening should include oral health, but many do not know what they should be looking for. Oral cancer is more prevalent than other well-publicized cancers, and the mortality is greater. African American males are at a higher risk for oral cancer than other socio-economic groups. Diabetics, for whom uncontrolled gum disease is dangerous, and pregnant woman, as untreated dental disease has been linked to pre-term and low birth-weight babies, are other high-risk groups.

Dr. Susan Silverton reminded the Committee the UNLV School of Dentistry could bring many options to the table, as it can partner and provide resources. There will be a strong public health commitment to the community, as in the next two years, every student will be doing “service learning”. This would entail educational activities and oral health screening. In the dental education program, the fourth year students will be out in the communities three quarters of the time. It is a goal to have sites in every county and partners and preceptors. Tim Elam asked what sort of timeline is included and will there be 75 students per year? Dr. Silverton indicated within six to eight years, 100 students at a time will be serving three-quarters of their time in the community; however, the first group will be ready this fall, and they will need places to go and preceptors, such as practitioners, nurses, registered dental hygienists. Dr. Silverton further indicated the students are being educated about oral health through the lifespan.

Maureen Fanning updated the Committee on Clark County activities. Michelle Kling updated the Committee on WCDHD activities. Mike Johnson updated the Council regarding funds for the Senior Corner van.

Reverend Anthony Steele asked if dental insurance is at a premium in this area. There was discussion about issues related to dental insurance including Medicaid and Nevada ✓ Check Up: lack of insurance, large deductibles, limited coverage, lack of providers, and inadequate reimbursement for providers. It was suggested community spirit and civic mindedness could be taught to providers, so perhaps they would designate one day a month for Medicaid patients or adopt a senior center. For this, a buy-in of the dental community would be needed.

Pastor Steele wondered if there is any statistics on uninsured by age or other factors. Ms. Forsch indicated that once hired, the Biostatistician would compile that type of data. Susan Brooks indicated there are also cultural barriers to overcome. Mr. Johnson noted oral health is just not on the radars of general practitioners or the public. Until it is important to all cultures, any campaign will not be totally effective. Mr. Elam suggested to target the highest need and conduct a “got milk” type campaign aimed at the specific need may be effective. Dr. Craddock suggested partnering with a water company such as Sparkletts for this sort of campaign would be mutually beneficial. Dr. Silverton indicated the Surgeon General’s call to action to bridge dentistry with total health may have inspired a program in another state which could be used and adapted for our purposes. Judith Wright indicated congress is moving to a change in the Children’s Health Insurance program, in which if you do not have dental insurance, you could enroll solely for dental. Previously, if a consumer had health insurance, they were not eligible for the program. Ms. Cote related the state of Michigan had privatized their Medicaid dental program through Delta Dental. Providers were unaware they were treating Medicaid patients, and it has proven to provide better access to care for the participants. There is most definitely a stigma attached to Medicaid. She further stated oral health is not brought into general health. Dr. Cooley stated pediatricians do not feel oral health is a priority. If a program would be started with the pediatricians, it would bring forward oral health as a player in general health. In general, medical schools have virtually no classes on oral health pathology. Pastor Steele noted pediatricians should be required to review oral health as a part of P.A.N.D.A.

Shari Peterson stated prevention is a defense, but some need active care now. There are over 1,000 licensed prevention specialists, dental hygienists, in the state of Nevada. The major problem is they are not considered a provider, so there is no compensation, therefore, they must volunteer their resources. A solution would be to get them recognized so they can be utilized. Mr. Elam asked about the long-term outcome as the result of prevention. Dr. Cooley responded restoration without prevention equals future restoration. He further stated dentists are not uncaring; many dental services are given away in pro-bono work. There was further discussion of civic duty for dental providers. Ms. Kling stated at a recent Great Basin Primary Care Association (GBPCA) meeting, Dr. Mattson of HAWC had some really good ideas

for incentives for providers. She also noted she would be meeting soon with Mr. Johnson and Women, Infants and Children's (WIC) personnel to discuss a public information campaign about fluoride.

Staff direction was discussed with an eye toward surveillance and target populations. Populations to be targeted were noted to be seniors, special needs, working poor, minority, rural community and pregnant moms. Also discussed was the level of care, number of providers and type of service or facilities need to be determined. Ms. Peterson noted the mechanism for assessing oral health has been the Decayed Missing and Filled Teeth (DMFT) statistics. It was again noted once the Biostatistician is hired, the information which is available can be compiled and addressed, particularly what is currently available and where. Another source of information will be coming from e-coding from hospitals and urgent cares. This will delineate reasons for hospital visits.

The education target populations were also discussed. It was noted the Committee should not discount the effectiveness of one-on-one communication in looking at the different types of education. The committee also noted it needs to evaluate partnerships and educate elected officials and legislators.

Dr. Silverton reminded the Committee the education component and the prevention component must be paralleled, and run together for optimal effectiveness. Mr. Elam asked about a lobby presence for legislature. It was indicated the lobbying should come from those in the "front line", such as the Miles for Smiles or Clinic on Wheels. Elaine Fisher also stated the WICHE dentists can have monetary consideration against their student loans for community services. These dentists could be very useful educational tools.

ELECTION OF COMMITTEE OFFICERS

Dr. Cooley opened the nominations for chairman of the Oral Health Advisory Committee. Dr. Craddock was nominated. Pastor Steele nominated Mr. Elam. Ms. Coday seconded both nominations. A vote by secret ballot was performed, with Dr. Craddock being elected as chairman. **MOTION APPROVED.**

Then nominations for vice chairman were opened with Ms. Coday nominating Mr. Elam. Dr. Craddock and Ms. Kling seconded. Ms. Lytle nominated Ms. Peterson. A vote by secret ballot was performed with Ms. Peterson being elected as vice chairman. **MOTION APPROVED.**

COMMITTEE CALENDAR

It was determined the committee would meet quarterly, with the possibility of assignments being made for reports to be presented. The next meeting is scheduled for 9:00 am on September 6, 2002. The committee will attempt to video teleconference, with the Chairman conducting from Las Vegas.

PUBLIC COMMENT AND DISCUSSION

Ms. Forsch was complimented on her presentation.

ADJOURNMENT

The meeting was adjourned at **12:45 pm.**